

PRINTED: 09/08/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/19/2015
NAME OF PROVIDER OR SUPPLIER HOLLY SPRINGS SENIOR CITIZENS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1881 BIG ISLAND ROAD RUTHERFORDTON, NC 28139		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Billy Bryant on 8-19-2015. Information gathered from our Master Facility File indicates that this facility was first licensed on 1-1-1978, for 32 residents. Based on this information, the facility was surveyed using the 1978 NC State Building Code, the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds.	C 000	<p>CONSTRUCTION SECTION SEP 16 2015 RECEIVED</p> <p>• Fire system has been inspected 9/16/15 • Signed new contract with planned inspections yearly to ensure no lapse in coverage/inspections (copy enclosed)</p>	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor	C 164		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X3) DATE 9/16/15

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOLLY SPRINGS SENIOR CITIZENS HOME

1881 BIG ISLAND ROAD
RUTHERFORDTON, NC 28139

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C 164	Continued From page 1 coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the floor tiles were broken in the Mens' bathroom off the Activity room. Broken floor tiles can be a trip hazard and can harbor harmful bacteria. 2. Based on observation, the upholstery was torn on one of chairs in the living room.	C 164	<p>① Tiles in said bathroom were changed 8/21/15</p> <ul style="list-style-type: none"> Not only these tiles were changed but another bathroom beside it. Maintenance staff will round to ensure no other deficiencies. <p>② Chairs replaced 9/7/15 (2) of the 9/7/15</p> <ul style="list-style-type: none"> Three other chairs presently being replaced via new shells on going will complete 9/21/15 Staff have been instructed to inform administration upon noticing any problems with upholstery/chair function. 	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the magnetic hold-open devices on the cross-corridor smoke barrier doors re-energized when the fire alarm system was silenced. Smoke barrier doors that will remain open when the fire alarm system is activated and silenced could allow smoke from a fire to travel throughout the building. 2. Based on observation, the exit from the	C 189	<p>① A new relay was placed in fire panel to allow doors to no reenergize on silence (same day as inspection) system tested multiple times and doors don't reenergize upon silence.</p>	9/10/15 9am

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOLLY SPRINGS SENIOR CITIZENS HOME**1881 BIG ISLAND ROAD
RUTHERFORDTON, NC 28139**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 2 Activity room was difficult to open. Exit doors that do not open easily could delay or prevent an evacuation in an emergency. 3. Based on observation there was a hasp and padlock on the walk-in freezer. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the freezer. 4. Based on observation the escape feature on the walk-in refrigerator had been disabled. Improperly operating latching hardware presents the possibility that someone could be trapped in the refrigerator. 5. Based on observation, there were many items stored directly in front of the main electrical panel and both of the electrical panels in the Biohazard room. Storage in front of electrical panels is a Building Code violation and could delay access to the electrical disconnects in an emergency. 6. Based on observation, the hose on the hair wash wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 189	<p>② A new threshold was installed on these doors via carpet • Administrator + Mainline staff will continue to sound in order to find said deficiencies</p> <p>③ Hasp + padlock removed completely</p> <p>④ Walk-in cooler escape latch was disassembled + broken metal push rod replaced/ repaired</p> <p>⑤ Items removed from panel area • Staff were taught via many staff meeting on the importance of no items in front of panels + that panels remain closed</p> <p>⑥ Plumber (contract) installed check valves on both inlet lines to sink in order to arrest cross-contamination</p>	<p>8/20/15</p> <p>8/20/15</p> <p>8/20/15</p> <p>8/27/15</p>

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

NAME: ProTec Services/Laurens Electric Cooperative

ADDRESS: P.O. Box 700 Laurens, SC 29360

REPRESENTATIVE:

LICENSE NO. FA-3222

TELEPHONE: (800) 942-3141

MONITORING ENTITY

CONTACT: AMC, LLC

TELEPHONE: (800) 535-2478

MONITORING ACCOUNT REF. NO.: 87-5289

TYPE TRANSMISSION

- ☐ - McCoullough
☐ - Multiplex
☒ - Digital
☐ - Reverse Priority
☐ - RF
☐ - Other

CONTROL UNIT MANUFACTURER: MONEY WELL

CIRCUIT STYLES: B

NO. OF CIRCUITS: 1

SOFTWARE REV.: N/A

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED:

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED:

DATE: SEPT 16 2015

TIME: 9:00

PROPERTY NAME (USER)

NAME: Holly Springs Senior Citizens Home

ADDRESS: 1881 Big Island Rd Rutherfordton, NC 28139

OWNER CONTACT: Brent Allen

TELEPHONE: 828-245-7781 or 828-429-5153

APPROVING AGENCY

CONTACT: Rutherfordton County

TELEPHONE: 828-287-7867

SERVICE

- ☐ - Weekly
☐ - Monthly
☐ - Quarterly
☐ - Semi
☒ - Annually
☐ - Other (Specify)

MODEL NO.: Vista 128

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF

CIRCUIT STYLE

Style Y - Class B

Style Y - Class B

Style Y - Class B

Style Y - Class B

Style Y - Class B

Style Y - Class B

Style Y - Class B

Style Y - Class B

MANUAL STATIONS

ION DETECTORS

PHOTO DETECTORS

DUCT DETECTORS

HEAT DETECTORS

WATERFLOW SWITCHES

SUPERVISORY SWITCHES:

OTHER (SPECIFY):

Kitchen Hood

Alarm Verification feature is: ☒ Disabled ☐ Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>10</u>	Style Y - Class B	BELLS
<u>7</u>	Style Y - Class B	HORN/STROBES
	Style Y - Class B	CHIMES
	Style Y - Class B	STROBES
	Style Y - Class B	SPEAKERS
	Style Y - Class B	OTHER (SPECIFY): _____

NO. OF ALARM INDICATING CIRCUITS: 3

ARE CIRCUITS SUPERVISED? ☒ YES ☐ NO

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BUILDING TEMP.
_____	_____	SITE WATER TEMP.
_____	_____	SITE WATER LEVEL
_____	_____	FIRE PUMP POWER
_____	_____	FIRE PUMP RUNNING
_____	_____	FIRE PUMP AUTO POSITION
_____	_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____	_____	FIRE PUMP RUNNING
_____	_____	GENERATOR IN AUTO POSITION
_____	_____	GENERATOR OR CONTROLLER TROUBLE
_____	_____	SWITCH TRANSFER
_____	_____	GENERATOR ENGINE RUNNING
_____	_____	OTHER: _____

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 6.6.1):

Quantity _____ Style(s) Style Y - Class B

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 110/120VAC, Amps 20
 Overcurrent Protection: Type: Circuit Breaker, Amps 20
 Location of Primary Supply Panel: ELECTRICAL ROOM PANEL A # 31
 Disconnecting Means Location: BY HAND
- b. Secondary (Standby): Sealed Lead Acid Storage Battery: Amp-Hr Rating 7
 Calculated Capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead Acid
☐ Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:

YES

NO

WHO

TIME

MONITORING ENTITY

[]

[]

AMC

9:00

BUILDING OCCUPANTS

[]

[]

ALL

9:00

BUILDING MANAGEMENT

[]

[]

MNGR

9:00

OTHER (SPECIFY)

[]

[]

AHJ (NOTIFIED OF ANY IMPAIRMENTS)

[]

[]

SYSTEM TESTS AND INSPECTIONS

TYPE

VISUAL

FUNCTIONAL

COMMENTS

CONTROL PANEL

[]

[]

INTERFACE EQ.

[]

[]

LAMPS/LEDS

[]

[]

FUSES

[]

[]

PRIMARY POWER SUPPLY

[]

[]

TROUBLE SIGNALS

[]

[]

DISCONNECT SWITCHES

[]

[]

GROUND FAULT MONITORING

[]

[]

SECONDARY POWER

TYPE

VISUAL

FUNCTIONAL

COMMENTS

BATTERY CONDITION

[]

LOAD VOLTAGE

DISCHARGE TEST

CHARGER TEST

SPECIFIC GRAVITY

[]

[]

[]

[]

TRANSIENT SUPPRESSORS

[]

REMOTE ANNUNCIATORS

[]

NOTIFICATION APPLIANCES

AUDIBLE

VISUAL

SPEAKERS

VOICE CLARITY

[]

[]

[]

[]

[]

[]

[]

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
		[]	[]			[]	[]
		[]	[]			[]	[]
		[]	[]			[]	[]
		[]	[]			[]	[]
		[]	[]			[]	[]

COMMENTS:

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-In Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:48	OK
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:48	OK
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:51	OK
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:51	OK
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:51	OK
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Who	Time
Building Management	MGR	12:30
Monitoring Agency	AMC	12:30
Building Occupants	ACL	12:30
Other (Specify) _____		

The following did not operate correctly: _____

System restored to normal operation: Date: _____

Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS:

Name of Inspector: LEWIS LAWSON JRDate: 9-10-15 Time: 12:30Signature: [Signature]Name of Owner or Representative: Brent AllenDate: 9/10/15 Time: 12:00aSignature: [Signature]

(NFPA Inspection and Testing 4 of 4)